

## For Office Use Only

(CS-14A, rev 7/03)

Park

☐ R ☐ M ☐ N Position Recommended \_\_\_\_\_  
 Division Location Acct. No. Pos. No. Dates ID # Access Code

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Reason for Refusal: \_\_\_\_\_

Assignments are made by: Office of Human Resources/Seasonal Employment Section  
**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
 235 Promenade Street, Room 350, Providence, RI 02908  
 TELEPHONE: 401-222-2775 TOLL FREE: 1-800-752-8088  
 TDD#: 401-222-4462 FACSIMILE: 401-222-6174  
 Web: [www.state.ri.us/dem](http://www.state.ri.us/dem)

## Application for Seasonal Employment

# 2005

### Summer Season

**READ THESE INSTRUCTIONS:** This application is for temporary, short term, seasonal positions with the Department of Environmental Management. This application may be completed by the person applying for summer employment or by his/her guardian. Read each question carefully and give the information requested. Our office is available to help you with any questions you may have. ALL INFORMATION REQUESTED ON THE APPLICATION FORM MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED BY OUR PERSONNEL OFFICE TO DETERMINE YOUR QUALIFICATIONS FOR A SUMMER JOB. IF AN ITEM DOES NOT APPLY TO YOU, OR IF THERE IS NO INFORMATION TO BE GIVEN, WRITE IN THE LETTERS "N.A." FOR NOT APPLICABLE. IF YOU FAIL TO ANSWER ALL OF THE QUESTIONS ON THE APPLICATION FORM, YOU MAY DELAY CONSIDERATION OF YOUR APPLICATION AND LOSE CONSIDERATION FOR EMPLOYMENT. In completing the application form, use a typewriter if available. Otherwise print clearly in dark ink or ballpoint pen. If you are selected for work in this department, you will be so notified. All selected candidates must be prepared to show proof of citizenship as required by federal law. Applications must be returned as soon as possible. **You must be age 16 or older to apply.**

In accordance with US Department of Justice Immigration and Naturalization Service requirements for Employment Eligibility Verification (I-9), all individuals eligible to work in the United States must present genuine documents demonstrating their eligibility at the time of hire. A list of acceptable documents is available upon request.

### TO BE COMPLETED BY APPLICANT

NAME _____ LAST FIRST MIDDLE			HOME PHONE NO. _____		
ADDRESS _____ NUMBER STREET			SUMMER PHONE NO. _____		
CITY _____ STATE _____ ZIP CODE _____			AGE _____ Email Address _____		
SUMMER ADDRESS: _____ (STREET & NUMBER)			DATES YOU WILL BE AVAILABLE FOR WORK: FROM: _____ TO: _____		
CITY, STATE AND ZIP CODE _____			Do you possess a RI. Operator's License? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have an automobile available for Daily Use? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you willing to commute to within 20 miles of your residence? YES <input type="checkbox"/> NO <input type="checkbox"/>		

LIST 1ST 3 JOB CHOICES: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Special Qualifications Skills (Languages, Office, Typing, Carpentry, Medical Skills, etc.):

Special License or Certificate (Lifeguard Certification No. etc.):

If you are **ONLY** interested in employment in a particular geographic area, indicate city/town etc. please indicate here:

If you are **NOT** interested in employment in a particular area, indicate city/town etc. please indicate here:

Are you available to work weekends and holidays? YES ☐ NO ☐

What is your earliest start date?

Are you available to work 2ND SHIFT? YES ☐ NO ☐

3RD SHIFT ? YES ☐ NO ☐

Have you worked in the DEM State Summer Program before? YES ☐ NO ☐ If YES, indicate Department and Division here and describe in Experience Section

Have you ever been convicted of any offense or plead Nolo Contendere to a charge that resulted in a conviction? (Conviction is not an automatic bar to employment. Each case is considered on it's individual merits). In the space below give date, location and indicate felony or misdemeanor. FAILURE TO REPORT A CONVICTION AND LACK OF EXPLANATION IS A BASIS FOR REJECTION. NOTE: In some instances, a plea of "Nolo Contendere" may not be considered a conviction. Refer to RI General Law 12-18-3. YES ☐ NO ☐ If yes, explain:

REMARKS/COMMENTS:

Circle the highest grade you will have completed by June: 7 8 9 10 11 12 GED 13 14 15 16 17 18 19 20  
 High School College MA / PhD

#### EDUCATION

#### SCHOOLS ATTENDED OR SPECIAL TRAINING RECEIVED

School Name and Location	From Mo/Yr/To Mo/Yr	Graduate?	Type of Degree or Diploma	Major Subject(s)	Total Credit Hours
High School: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College/Univ.: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other Schools/Training: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EXPERIENCE:** DESCRIBE BELOW ANY POSITIONS YOU HAVE HELD IN THE RECENT PAST, OR ANY OTHER EXPERIENCE WHICH YOU THINK MAY QUALIFY YOU FOR A POSITION. INCLUDE ALL PREVIOUS EMPLOYMENT WITH THE STATE OF RHODE ISLAND. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT.

NAME OF EMPLOYER		TITLE OF YOUR POSITION		FROM: (DATE)	
ADDRESS		EMPLOYER TEL. NO.		HOURLY WAGE	TO: (DATE)
DUTIES					
NAME OF EMPLOYER		TITLE OF YOUR POSITION		FROM: (DATE)	
ADDRESS		EMPLOYER TEL. NO.		HOURLY WAGE	TO: (DATE)
DUTIES					

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION:** This program is attempting to monitor recruitment and selection in order to assure equal employment opportunity. We would appreciate your cooperating by voluntarily furnishing us with the information requested below. The information will be kept confidential and used only for affirmative action purposes.

☐ Male      ☐ Black      ☐ American Indian      ☐ Other      ☐ Disabled      Veteran: ☐ Disabled  
☐ Female      ☐ White      ☐ Asian American      ☐ Hispanic      ☐ Age: 40 & Over      ☐ Vietnam

**CERTIFICATE OF APPLICANT:**

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment or other favorable action made in connection therewith.

### PARENTAL CONSENT (If Under Age 18)

My son/daughter has my permission to seek employment with the Summer Program.

Signature as it appears on front of application	Date	Signature of Parent or Legal Guardian	Date
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**NOTICE TO ALL APPLICANTS:** THE NUMBER OF SUMMER JOBS AVAILABLE IS RELATIVELY SMALL IN COMPARISON TO THE LARGE NUMBER OF APPLICANTS WHO FILE FOR SUMMER EMPLOYMENT CONSIDERATION. ONLY A SMALL PERCENTAGE OF APPLICANTS ARE HIRED. THEREFORE, YOU SHOULD NOT LIMIT YOUR EFFORTS TO OBTAIN SUMMER WORK SOLELY WITH THE DEPT OF ENVIRONMENTAL MANAGEMENT.

\*\*\*\*\*STOP!! DO NOT WRITE IN THE SPACE BELOW!!\*\*\*\*\*

***IF CANDIDATE IS HIRED, ALL POST-EMPLOYMENT INFORMATION BELOW MUST BE COMPLETED.*** If you have a Disability and require an accommodation, please complete RI EOO - 5/90A (Self-Identification form) available from RI Equal Opportunity Office or the RIDEM Office of Human Resources.

Your Social Security Number:  -  -       DATE OF BIRTH:  -  -

Are you a United States Citizen? YES ☐ NO ☐

Sex: ☐ Male ☐ Female      Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

YOUR Maiden name, if applicable: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth:   -   -   Spouse's Social Security #:    -   -    

Are you a Veteran (Including Desert Storm Activation)? YES ☐ NO ☐ Are you a War Veteran? YES ☐ NO ☐

Are you a Disabled Veteran? YES ☐ (RIGL 36-4-19) NO ☐ If yes, identify the War / Conflict and the dates of service that apply:

War / Conflict	Service Dates

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment, or other favorable action made in connection therewith.

\_\_\_\_\_  
SIGNATURE DATE